

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008145

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

310

Primary Registration District No.

3058

Registrar's No.

44

STATE FILE NUMBER

FILED FEB 19 1963

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Charles

Length of stay in

5 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Mo. b. COUNTY St. Charles admission)

c. CITY

St. Charles

Inside Limits

Yes ☐ No ☒

d. STREET

R.R. #1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

Robert

Middle

H.

Boenker

Last

4. DATE

OF

DEATH

Month

February

Day

8

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

10-3-95

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

4

Days

5

Hours

Min.

12. CITIZEN OF WHAT COUNTRY

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Farmer & Caretaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Charles County, Mo.

USA

13a. FATHER'S NAME

Henry Boenker

13b. MOTHER'S MAIDEN NAME

Julia Sandfort

14. NAME OF HUSBAND OR WIFE

Myrtle Boenker nee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

Yes ☒ World War

16. SOCIAL SECURITY NO.

01

17. INFORMANT

Mrs. Ida Hollrah

Address

Hollrah

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN

ONSET AND DEATH

6 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebral arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

PART III. If deceased was female was

there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Feb. 4, 1963

to Feb 8, 1963

and last saw him alive on Feb 8, 1963

Death occurred at

10:30

a

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Reginald J. Canty, M.D.

22b. ADDRESS

St. Charles, Mo

22c. DATE SIGNED

Feb 9, 1963

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

2-11-63

23c. NAME OF CEMETERY OR CREMATORY

Lutheran

23d. LOCATION (City, town, or county)

St. Charles, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Arthur C. Baue, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

2-11-63

26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

10928

20920

3

4 0

5 2

6

7 0

8 2

9 331X

10

11

12 1-0

13 4-0

FEB 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Conrad P. Pickering

Licensed Embalmer No. 5189

P.O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.